

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

DOUGHERTY FOR CONGRESS

ADDRESS (number and street)  
▼

P.O. BOX 58

Check if different  
than previously  
reported. (ACC)

SCHNECKSVILLE

PA

18078

2. FEC IDENTIFICATION NUMBER ▼

C

C00506162

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

PA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

04 / 01 / 2014

Y Y Y Y

through

M M / D D / Y Y Y Y

06 / 30 / 2014

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOSEPH ANTHONY MASTRIANI

Signature of Treasurer

JOSEPH ANTHONY MASTRIANI

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07 / 14 / 2014

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)